

# Agent User Registration

Complete form and mail to:

Iowa Prescription Monitoring Program  
400 SW 8th Street, Suite E  
Des Moines, IA 50309-4688  
Phone: 515-281-5944  
Fax: 515-281-4609

## Supervisor Information

**(MUST BE A REGISTERED PMP USER)**

Supervisory Practitioner Name \_\_\_\_\_

Supervisor DEA or Pharmacist License # \_\_\_\_\_

## Agent's Profile Information

Occupation/Title \_\_\_\_\_

License/Certification # \_\_\_\_\_

**(REQUIRED)**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_

Agent's Work Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

Agent's E-mail Address \_\_\_\_\_

**E-MAIL ADDRESS REQUIRED**

## Security Questions -- Complete 3 Questions -- Required

What is the name of the city you were born in? \_\_\_\_\_

What is your mother's maiden name? \_\_\_\_\_

What is your pet's name? \_\_\_\_\_

What is your vehicle model? \_\_\_\_\_

Who is your favorite childhood hero? \_\_\_\_\_

## Reason for Registration

***I understand that all information obtained from the PMP is privileged and strictly confidential.***

Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

**IOWA PMP WEB CENTER ACCEPTABLE USE POLICY**  
**Practitioner's (Prescriber's or Pharmacist's) Agent**

The Iowa Prescription Monitoring Program (PMP) is designed to provide patient specific prescription data to individuals authorized by Iowa Code (IC) section 124.553(1)(a) and 657 Iowa Administrative Code (IAC) Chapter 37.

By using the Iowa PMP Web Center as an agent, I agree to the following terms:

1. I understand that a practitioner is authorized to request an Rx History Report on an individual **only if**:
  - a. The request is for the purpose of providing medical treatment or pharmaceutical services and
  - b. The practitioner has a current practitioner-patient relationship, or is initiating a practitioner-patient relationship, with the individual named in the request.
2. As a Practitioner's Agent, I am a health care professional employed or supervised by a practitioner. The practitioner may authorize me to register with the Iowa PMP Web Center. The practitioner may then direct me to obtain a PMP Report, using my own User Name and Password. I understand that each Practitioner's Agent must have his or her own Iowa PMP Web Center account. I will not share my User Name and Password with others. If I change jobs, my supervising practitioner or I will notify the Iowa PMP administrator.
3. I understand that a Practitioner's Agent is a health care professional [ref. 657 IAC 37.2(124)] who is registered with the Iowa PMP Web Center as a Practitioner's Agent and has been specifically authorized by the practitioner to request a PMP Report on behalf of the practitioner. For security reasons, a practitioner may not allow anyone else to use the practitioner's User Name and Password. The practitioner is responsible for every report requested using the practitioner's credentials or the credentials of the Practitioner's Agent. The Practitioner's Agent shares responsibility for every report requested using the credentials of the Practitioner's Agent.
4. I will not use the Iowa PMP Web Center unless directed to do so by my supervising practitioner.
5. I will only request an Iowa PMP Rx History Report on a person who is currently a patient of the practitioner or a patient seeking medical treatment or pharmaceutical services from the practitioner. A patient includes a person who has made an appointment for an initial office visit or who has been referred to the prescriber's practice, or a patient who has requested a prescription fill by the pharmacist. The purpose of a PMP Report is to assist the practitioner in determining appropriate treatment options and to improve the quality of patient care. I will not request a PMP Report on a staff person, a prospective staff person, or anyone else who does not have a chart or medical record in the prescriber's office or a patient profile in the pharmacy except as herein provided for a prospective patient. I will not obtain a PMP Report for pre-employment screening, to investigate a drug loss, or any other nontreatment purpose.
6. I will not provide the PMP Report or a copy of a PMP Report to anyone other than the practitioner, even if that person is authorized by law to request his or her own PMP Report or is not registered with the Iowa PMP Web Center. This includes the patient. A patient may see the report but may not receive a copy of the report. A patient may obtain a copy of his or her own report by contacting a PMP administrator.
7. I understand that if a person outside the practice or outside the pharmacy wishes to have a copy of the report, that person must request his or her own report from the Iowa PMP. Multiple prescribers within the same practice who are treating the patient and using the same medical record/chart may utilize the same Iowa PMP Report. Multiple pharmacists within the same pharmacy who are providing pharmaceutical services to the patient and using the same patient profile may utilize the same Iowa PMP Report.
8. I understand that the information obtained from the PMP Report is **Protected Health Information** and is **NOT** a public record. I will not disclose the Iowa PMP Report or a copy of the Report to anyone outside the practitioner's practice.
9. I will not use anyone else's User Name and Password to access the Iowa PMP Web Center.

I hereby certify that I will comply with all provisions of this Iowa PMP Web Center Acceptable Use Policy.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervising Practitioner

\_\_\_\_\_  
Date